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ABSTRACT

Ninety-four persons employed in direct care positions in a community-based agency that serves adults with mental retardation completed self-report questionnaires assessing relationships between social support and the adaptive outcomes of mood, perceived competence, and self-efficacy. Findings indicated that: (1) negative mood was negatively associated with the extent to which caregivers perceived that fellow employees are involved with their jobs, employees are supportive, and supervisors are supportive of employees; (2) no relationships were observed between support and perceived competence; (3) negative relationships were observed between several indices of support and generalized self-efficacy; (4) no one type of support was more strongly associated with adaptive outcomes than any other type of support; (5) clarity of expectations and task orientation were negatively associated with negative mood; and (6) work pressure was positively associated with negative mood. Results suggest that it may be helpful to consider social support when assessing the work climate of caregivers of persons with mental retardation. (JDD)

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Social Support and Outcomes for Staff Serving Individuals with Mental Retardation

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Abstract

This research examined hypotheses pertaining to relationships between social support and the adaptive outcomes of mood, perceived competence, and self-efficacy for persons who served as caregivers for adults with mental retardation. The sample consisted of 94 persons employed in direct care positions in a community-based agency that serves adults with mental retardation. These participants completed a packet of self-report questionnaires that assessed the above relationships. The findings included negative relationships between negative mood and three different dimensions of social support. These results appeared to suggest that it may be helpful to consider these types of social support when assessing the work climate of caregivers of persons with mental retardation.

Introduction

This research studied relationships between social support and the adaptive outcomes of mood, perceived competence, and generalized self-efficacy for persons who served as caregivers for adults with mental retardation. The research sought to extend Stoneman and Crapps' (1988) work with family care providers for persons with mental retardation by studying a somewhat different population of caregivers and by employing multidimensional measures of social support.

The study hypothesized negative relationships between social support and negative mood and positive relationships between social support and (a) positive mood, (b) perceived competence, and (c) generalized self-efficacy. In addition, the multidimensional measurement of social support permitted the examination of whether different types of social support might differ in the extent of their relationship to each of the adaptive outcomes.

Method

Subjects. Participants were 94 persons (64 females; 30 males) employed in direct-care positions in a community-based agency that serves adults with mental retardation. These employees represented approximately 60% of the direct-care staff employed by the agency. The employees worked in one of three departments: Vocational Services, Community Living, Community Habilitation.

Measures. Each employee completed a packet of self-report questionnaires. The packet included two measures of social support; the measures of adaptive outcomes consisted of questionnaires that indexed mood levels, perceived competence, and generalized self-efficacy. The specific measures were the following.

The Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsey, 1981) was used to assess the frequency of received supportive behaviors. Scoring of the ISSB in the present study yielded scores for seven indices of support and a total score.

The second measure of social support was the Relationship Dimensions of Form R of the Work Environment Scale (WES; Moos, 1986). This set of subscales was selected to assess appraised social support specific to the work environment. In the present study scoring resulted in three indices that have been regarded as reflecting social support. Since employees completed the entire WES, scores were also obtained for subscales indexing dimensions other than social support; this scoring yielded indices for seven such dimensions.

The Profile of Mood States (POMS; McNair, Lorr, & Droppleman, 1981) was used to assess employees mood level during the past month. As used in the present study, the POMS yielded a score for Total Mood Disturbances (TMD) as an index of negative mood and a score for Vigor as an index of positive mood.

A modified version of the Sense of Competence Subscale (SCS) of the Parenting Stress Index (Abidin, 1983) was employed as the measure of perceived competence. The use of this instrument afforded the opportunity to try to replicate some of Stoneman and Crapps' (1988) previous findings with their version of this measure. The SCS yields a single score. Generalized self-efficacy was assessed by the Daily Living Self-Efficacy Scale (SES; Woodward & Wallston, 1987). This measure also yields a single score.

Results

Correlations between social support and adaptive outcomes of negative and positive mood are presented in Table 1; correlations between social support and the outcomes of perceived competence and generalized self-efficacy are presented in Table 2.

The significant support-outcome correlations in Tables 1 and 2 were compared with each other by means of *t*-tests of the difference between two non-independent *r*'s (Howell, 1987). None of these comparisons indicated differences in the magnitude of the correlations.

Supplementary analyses involved correlating outcomes with Work Environment Scale dimensions other than social support. The resulting matrix is shown in Table 3.

Other supplementary analyses entailed dividing the sample into three departmental subsamples (Vocational Services, Community Living, Community Habilitation) and

Table 1
Correlations Between Social Support and Outcomes of Negative and Positive Mood

Social support	POMS	
	TMD	Vigor
ISSB[a]		
Nondirective Guidance	.03	.13
Guidance & Feedback	.14	.00
Tangible Assistance	-.02	.09
Emotional Support	.05	.07
Tangible Assistance	.00	.11
Cognitive Information	.09	.12
Directive Guidance	.09	.00
Total Score	.06	.08
RD/WES		
Involvement	-.32**	.10
Peer Cohesion	-.27**	.16
Supervisor Support	-.23*	.08

Note. N's vary from 83 to 90. ISSB = Inventory of Socially Supportive Behaviors; RD/WES = Relationship Dimensions of the Work Environment Scale; POMS = Profile of Mood States; TMD = Total Mood Disturbance.
[a]The first three ISSB indices are factors recommended by Walkey et al. (1987); the last four ISSB indices are alternative factors recommended by Stokes and Wilson (1984).
*$p < .05$, **$p < .01$, one-tailed.

Table 2
Correlations Between Social Support and Outcomes of Perceived Competence and Self-Efficacy

Social Support	SCS	GSE
ISSB[a]		
Nondirective Guidance	.10	-.08
Guidance & Feedback	-.10	-.28**
Tangible Assistance	-.11	-.15
Emotional Support	.09	-.03
Tangible Assistance	-.10	-.12
Cognitive Information	-.01	-.23*
Directive Guidance	-.13	-.24*
Total Score	-.01	-.22*
RD/WES		
Involvement	.15	-.19*
Peer Cohesion	.05	-.13
Supervisor Support	.05	-.08

Note. N's vary from 77 to 89. ISSB = Inventory of Socially Supportive Behaviors; RD/WES = Relationship Dimensions of the Work Environment Scale; SCS = Sense of Competence Subscale; GSE = Generalized Self-Efficacy.
[a]The first three ISSB indices are factors recommended by Walkey et al. (1987); the last four ISSB indices are alternative factors recommended by Stokes and Wilson (1984).
*$p < .05$, **$p < .01$, one-tailed.

Table 3
Correlations Between Work Environment Scale Dimensions (Other than Social Support) and Outcomes

WES dimensions	Outcomes			
	POMS		SCS	GSE
	TMD	Vigor		
Autonomy	-.09	.04	.11	.09
Task Orientation	-.24*	.01	.05	-.12
Work Pressure	.32**	.05	.04	.20
Clarity	-.25*	-.01	-.01	-.19
Control	.01	-.05	.04	-.20
Innovation	-.09	-.15	.07	.06
Physical Comfort	-.07	.01	.13	-.03

Note. N's vary from 85 to 90. WES = Work Environment Scale; POMS = Profile of Mood States; TMD = Total Mood Disturbance; SCS = Sense of Competence Subscale, GSE = Generalized Self-Efficacy.
*p < .05, **p < .01, two-tailed.

computing the correlations between social support and outcomes for each of the departments. Table 4 presents the correlations between social support and mood outcomes for the three departments; Table 5 shows the correlations between social support and the outcomes of perceived competence and self-efficacy. Although some of these correlations are based small n's, the results in Table 4 and Table 5 suggest interdepartmental differences in support-outcome relationships. These differences are considered in the following section.

Table 4
Correlations Between Social Support and Outcomes of Negative and Positive Mood for the Three Departments

Social support	Vocational		Community living		Community habilitation	
	POMS		POMS		POMS	
	TMD	Vigor	TMD	Vigor	TMD	Vigor
ISSB[a]						
Nondirective Guidance	-.23	.33	.10	.06	.08	.09
Guidance & Feedback	-.29	.17	.31*	.05	.10	-.15
Tangible Assistance	-.17	.09	.02	.25	-.04	-.10
Emotional Support	-.23	.29	.15	-.05	.05	.09
Tangible Assistance	-.19	.12	.06	.25	-.05	-.06
Cognitive Information	-.16	.21	.11	.26*	.21	-.10
Directive Guidance	-.34	.27	.31*	.02	-.06	-.13
Total	-.26	.24	.16	.06	.11	-.02
RD/WES						
Involvement	-.01	.06	-.48**	.27*	-.45*	-.06
Peer Cohesion	.01	-.08	-.35*	.37**	-.26	.00
Supervisor Support	.04	.21	-.42**	.15	-.18	-.04

Note: N's vary from 21 to 42. ISSB = Inventory of Socially Supportive Behaviors; RD/WES = Relationship Dimensions of the Work Environment Scale; POMS = Profile of Mood States; TMD = Total Mood Disturbance.
[a]The first three ISSB indices are factors recommended by Walkey et al. (1987); the last four ISSB indices are alternative factors recommended by Stokes and Wilson (1984).
*$p \leq .05$, **$p \leq .01$, one-tailed.

Table 5
Correlations Between Social Support and Outcomes of Perceived Competence and Self Efficacy for the Three Departments

Social support	Vocational		Community living		Community habilitation	
	SCS	GSE	SCS	GSE	SCS	GSE
ISSB[a]						
Nondirective Guidance	.09	-.43*	.03	-.04	.21	.20
Guidance & Feedback	.07	-.65**	-.24	-.16	-.04	-.07
Tangible Assistance	.19	-.63**	-.21	-.01	-.20	-.01
Emotional Support	-.04	-.33	.07	.02	.26	.17
Tangible Assistance	.10	-.63**	-.13	.06	-.22	.01
Cognitive Information	.07	-.64**	-.07	-.13	.00	.07
Directive Guidance	.14	-.62**	-.30*	-.11	-.11	-.07
Total	.12	-.62**	-.19	-.14	.09	.08
RD/WES						
Involvement	.13	-.46*	.19	.04	.10	-.24
Peer Cohesion	.04	-.16	.05	-.01	.02	-.32
Supervisor Support	.03	-.09	.05	.07	.02	-.28

Note: N's vary from 20 to 42. ISSB = Inventory of Socially Supportive Behaviors; RD/WES = Relationship Dimensions of the Work Environment Scale; SCS = Sense of Competence Subscale; GSE = Generalized Self-Efficacy.
[a]The first three ISSB indices are factors recommended by Walkey et al. (1987); the last four ISSB indices are alternative factors recommended by Stokes and Wilson (1984).
*$p \leq .05$, **$p \leq .01$, one-tailed.

Conclusions

One caution needs to be noted prior to a statement of the conclusions of the study. During the data collection phase of the research the participating agency was anticipating a major re-organization of the management structure. (Although all participants in the present study were in direct-care positions, 36% indicated their positions would be affected by the re-organization; another 40% indicated they were uncertain as to whether their position would be affected by the change.) The anticipation of the re-organization may have influenced some of the participants' responses to the research questionnaires. The following conclusions should be viewed in the light of this possibility.

1. Several dimensions of social support were related to mood: negative mood was negatively associated with the extent to which caregivers perceived that (a) fellow employees are involved with their jobs, (b) employees are supportive (cohesive); and, (c) supervisors are supportive of employees. (Table 1)

2. Findings failed to replicate one aspect of the Stoneman and Crapps (1988) results inasmuch as no relationships were observed between support and perceived competence. (Table 2)

3. Unexpectedly, negative relationships were observed between several indices of support and generalized self-efficacy. (Table 2)

(Speculatively, it may be that higher levels of self-efficacy tend to minimize the need for certain socially supportive interactions.)

4. Comparisons of differences between support-outcome relationships indicated that no one type of support was more strongly associated with adaptive outcomes than any other type of support.

5. Correlations between outcomes and work environment dimensions other than support indicated that clarity of expectations and task orientation were negatively associated with negative mood; work pressure was positively associated with negative mood. (Table 3)

6. There were interdepartmental differences in the relationships between support and negative mood, and between support and generalized self-efficacy: these relationships were not observed in all three agency departments. (Table 4 and Table 5)

These differences may suggest that the negative relationships observed between negative mood and the three dimensions of support (involvement, peer cohesion, supervisor support) are specific to certain work settings. Nevertheless, the overall findings appeared to suggest that it may be helpful to consider these types of support when assessing the work climate of caregivers of persons with mental retardation.

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